CHANGE ENDORSEMENT

This endorsement forms part of the policy shown below.
Policy No. _____ ***Our*** Name _____
Your Name _____
Address (as shown on Declarations) _____
Effective Date of Endorsement _____ Policy Period _____ from _____ to _____
Agency _____ By _____

POLICY CHANGES

1. Limits of Liability changes:

	Liability Coverage	Limits of Liability	
Single Limit	Coverage L - ***Bodily Injury*/ *Property Damage***	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	$ _____ aggregate
Dual Limit TO	Coverage L - ***Bodily Injury*** ***Property Damage***	$ _____ each ***occurrence*** $ _____	$ _____ aggregate
	Coverage M - Premises Medical	~~$ $~~ _____ ~~each~~ _____ each person	~~$ $~~ _____ ~~each~~ _____ each accident
	Coverage N - ***Products*/*Completed Operations***	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	$ _____ ***products*/*completed operations*** aggregate
	Coverage O - Fire Legal Liability	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	
	*Coverage P - ***Personal Injury*** & ***Advertising Injury***	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	$ _____ aggregate

	Liability Coverage	Limits of Liability	
Single Limit	Coverage L - ***Bodily Injury*/ *Property Damage***	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	$ _____ aggregate
Dual Limit FROM	Coverage L - ***Bodily Injury*** ***Property Damage***	$ _____ each ***occurrence*** $ _____	$ _____ aggregate
	Coverage M - Premises Medical	~~$ $~~ _____ ~~each~~ _____ each person	~~$ $~~ _____ ~~each~~ _____ each accident
	Coverage N - ***Products*/*Completed Operations***	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	$ _____ ***products*/*completed operations*** aggregate
	Coverage O - Fire Legal Liability	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	
	*Coverage P - ***Personal Injury*** & ***Advertising Injury***	~~$ $~~ _____ ~~each~~ _____ each ***occurrence***	$ _____ aggregate

* The Coverage P each ***occurrence*** limit and aggregate limit of liability is included within the Coverage L each ***occurrence*** limit and aggregate limit.

2. Other Changes (Include Endorsement Numbers and Edition Dates). _____
_____
_____

PREMIUM ADJUSTMENT Additional Premium Return Premium

Due at Endorsement Effective Date:	$ ———	$ ———
N.Y.S. Fire Premium Fee (if applicable):	$ ———	$ ———

REVISED INSTALLMENT PAYMENTS (Applies to three-year installment policies).

Dates Due	Original Installments	Increase	Decrease	Revised Installments
———	$ ———	$ ———	$ ———	$ ———
———	$ ———	$ ———	$ ———	$ ———
Total Premium to Policy Expiration:		$ ———	$ ———	$ ———
N.Y.S. Fire Premium Fee (if applicable):		$ ———	$ ———	$ ———